

#### What is the "Healthy Habits Challenge"?

The Healthy Habits Challenge is a fun and motivating program to help children practice healthy eating and physical activity behaviors. The Challenge is typically promoted and administered by a parent organization or by health enhancement or classroom teachers as part of their curriculum. It is ideal for grades K-5, but can be adapted for grades K-8.

Through the Healthy Habits Challenge, students work toward weekly and monthly goals that address many aspects of nutrition and active living. This program is a wonderful means of connecting healthy changes occurring at school with behaviors that can be practiced at home.

#### How does it work?

At the beginning of each month, students bring home goal sheets for the month. This monthly goal sheet is divided into 4 weekly sections, each of which identifies a Healthy Habits Challenge.

Each week, students will be encouraged to complete the Healthy Habits Challenge. For example, one week the Healthy Habits Challenge may be "Eat an orange fruit or vegetable five days this week." The student works hard to fulfill this challenge and upon doing so, obtains a parent and teacher signature on his/her weekly challenge paper. Of course, parents and teachers are encouraged to complete the challenge along with the student!

Completed weekly challenge slips can be submitted for a monthly prize drawing that promotes physical activity. Examples of a monthly prize may be a swim pass to the local pool or a piece of sports equipment like a Frisbee disk or a jump rope.

For an additional motivator for students, at the end of the program a "BIG" prize, such as a bike or skateboard, may be offered for students in a drawing of all program participants.

#### Developed by

Beverly McHugh, RD and Chris Lambrecht, RD, MS on behalf of Eagle Cliff Elementary School and PTA in Billings, Montana, 2007.

Keys to success for the Healthy Habits Challenge include:

- Support from school administration;
- Parent participation and buy-in;
- Marketing and promotion of the program; and
- Monetary support for printing costs and weekly prizes.

The Healthy Habits Challenge is designed for the entire school year and can be adapted for use at your school.

#### How do I measure impact?

Try these simple strategies to measure if this program is helping children and their families practice healthful habits.

- 1. Monitor the number of children and families that sign up to participate in the beginning of the year and how many children turn in the weekly challenge sheets each week and month.
- 2. At the end of the school year, survey or interview a group of children from the school that participated in the program to determine reasons for participation and if it helped motivate them to try new foods, practice healthy habits or be more physically active.
- 3. At the end of the school year, survey or interview a group of parents from the school that participated in the program to determine the impact on their child's and family's eating and physical activity habits. Survey parents that didn't participate as well to determine ways to involve them in the future.







**For More Information:** Contact the Montana Team Nutrition Program at Montana State University, by telephone at (406) 994-5641 or by e-mail at <a href="mailto:kbark@mt.gov">kbark@mt.gov</a>.

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September Weggie Rack

Submit completed and signed challenge sheets to the prize box near the front desk by the first Wednesday in October. Submit sheets weekly or all at once at the end of the month.

| first wednesday in October. Submit sheets weekly of an at once at the end of the month. |
|---|
|   |
| Week 3  |
| Play outdoors for 1 hour or more 5 days this week.                                      |
|   |
| has completed this week's healthy habit.  |
| Print Child's Full Name   |
|   |
| Signed (parent or guardian signature)   |
| Teacher Name  |
|   |
|   |
| Week 2  |
| Drink 2 glasses of milk each day for 5 days this week                                   |
| (Children with milk allergy may substitute rice or soy milk)                            |
|   |
| has completed this week's healthy habit.  |
| Print Child's Full Name   |
| Signed (parent or guardian signature)   |
| Teacher Name (parent of guardian signature)   |
| Teacher Ivallie   |
|   |
| Week 1  |
| Eat a raw vegetable 5 days this week.   |
| Lat a fatt vegetable e days this week.  |
| has completed this week's healthy habit.  |
| Print Child's Full Name   |
|   |
| Signed(parent or guardian signature)  |
| Teacher Name  |
|   |

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### October

Submit completed and signed challenge sheets to the prize box near the front desk by the first Wednesday in November. Submit completed sheets weekly or all at once at the end of the month.

|                             | Cut or tear here   |
|-----------------------------|--|
| Week 5                      |  |
| Eat breakfast for 5 days th |  |
|                             | pleted this week's healthy habit.                                |
| Print Child's Full Name     |  |
| Signed                      | _ (parent or guardian signature)                                 |
| Teacher Name                |  |
|                             | Cut or tear here   |
| Week 4                      |  |
| -                           | ash this week. (Examples: anything made with pumpkin,            |
| zucchini, acorn squash, sp  |  |
| Print Child's Full Name     | completed this week's healthy habit.                             |
|                             | (parent or guardian signature)                                   |
| Teacher Name                |  |
| Teacher I vanie             |  |
|                             | Cut or tear here   |
| Week 3                      |  |
| <u> </u>                    | and bike, scooter, rollerblade, skateboard                       |
|                             | more this week. (Does not have to be all at once).               |
|                             | s completed this week's healthy habit.                           |
| Print Child's Full Name     |  |
| Signed                      | (parent or guardian signature)                                   |
| Teacher Name                |  |
|                             |  |
|                             | Cut or tear here   |
| Week 2                      |  |
|                             | <b>15 days this week</b> . Examples, whole wheat bread, oatmeal, |
|                             | sta or whole grain breakfast cereal.                             |
|                             | completed this week's healthy habit.                             |
| Print Child's Full Name     | (parent or guardian signature)                                   |
| Teacher Name                |  |
|                             |  |
|                             | Cut or tear here   |
| Week 1                      |  |
|                             | this week OR try a new variety of apple this week.               |
| has                         | completed this week's healthy habit.                             |
| Print Child's Full Name     | •  |
|                             | (parent or guardian signature) Teacher                           |
| Name                        |  |
| Developed by                |  |

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### November

Submit completed and signed challenge sheets to the prize box near the front desk by the first Wednesday in December. Submit completed sheets weekly or all at once at the end of the month.

|                                    | Cut or tear here                                    |
|------------------------------------|---|
| Week 4                             | out of tour note                                    |
|                                    | ch day for 5 days this week. (Examples: pear, green |
| beans, salad, green apple, kiwi et |   |
|                                    |   |
| has co                             | ompleted this week's healthy habit.                 |
| Print Child's Full Name            | (nonent on exembles signature                       |
| 8                                  | (parent or guardian signature)                      |
| Teacher Name                       |   |
|                                    | Cut or tear here                                    |
| Week 3                             |   |
| Help prepare a food item for a fa  | mily meal this week.                                |
| has c                              | completed this week's healthy habit.                |
| Print Child's Full Name            | 1   |
| _                                  | (parent or guardian signature)                      |
| Teacher Name                       | <del></del>   |
|                                    | Cut or tear here                                    |
| Week 2                             | of teal here  |
| Eat fish once this week.           |   |
| Dat lish once this week.           |   |
| has co                             | ompleted this week's healthy habit.                 |
| Print Child's Full Name            | ·   |
|                                    | (parent or guardian signature)                      |
| Teacher Name                       | <del></del>   |
|                                    | Cut or tear here                                    |
| Week 1                             |   |
| Brush your teeth twice a day for   | 5 days this week.                                   |
|                                    | ompleted this week's healthy habit.                 |
| Print Child's Full Name            | (norant or quardien gignature)                      |
| Signed Teacher Name                | (parent or guardian signature)                      |
| 1 Cachel Ivalle                    |   |

#### Developed by

### December

Submit completed and signed challenge sheets to the prize box near the front desk by the first Wednesday in January. Submit completed sheets weekly or all at once at the end of the month.

|                                | Cut or tear here   |
|--------------------------------|--|
| Week 3                         |  |
| squash, orange, tangerine      | getable 5 days this week. (Examples: carrots, mango, e, orange sweet pepper)  has completed this week's healthy habit. |
| Print Child's Full Name        | nus completed this week s neartify nuclii  |
| Signed                         | (parent or guardian signature)   |
| Teacher Name                   |  |
|                                | Cut or tear here   |
| Week 2                         | out of tour here   |
| Eat 5 meals with your far      | mily this week.  |
| Print Child's Full Name        | has completed this week's healthy habit.   |
|                                | (parent or guardian signature)   |
| Teacher Name                   |  |
|                                |  |
| <u>Week 1</u>                  | Cut or tear here   |
| Avoid drinking pop for a       | t least 5 days this week.  |
|                                | has completed this week's healthy habit.   |
| Print Child's Full Name Signed | (parent or guardian signature)   |
| Teacher Name                   | (parent of guardian signature)   |

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### January

Submit completed and signed challenge sheets to the prize box near the front desk by the first Wednesday in February. Submit completed sheets weekly or all at once at the end of the month.

|                             | Cut or tear here  |
|-----------------------------|---|
| Week 4                      |   |
| Eat 3 servings of fruits or | r vegetables for 5 days this week. (1 serving = $\frac{1}{2}$ cup). |
|                             | has completed this week's healthy habit.                            |
| Print Child's Full Name     | has completed this week's healthy habit.                            |
| Signed                      | (parent or guardian signature)                                      |
| Teacher Name                |   |
|                             | Cut or tear here  |
| Week 3                      |   |
| Limit video game and TV     | time to 1 hour total per day 5 days this week.                      |
|                             | has completed this week's healthy habit.                            |
| Print Child's Full Name     |   |
| •                           | (parent or guardian signature)                                      |
| Teacher Name                | <del></del>   |
|                             | Cut or tear here  |
| Week 2                      | Cut of tour note  |
|                             | ans or peas this week. (Examples: bean burrito, split pea           |
| soup, ham and bean soup     |   |
|                             |   |
|                             | has completed this week's healthy habit.                            |
| Print Child's Full Name     |   |
|                             | (parent or guardian signature)                                      |
| Teacher Name                |   |
|                             |   |
|                             | Cut or tear here  |
| Week 1                      |   |
| Wash your hands before      | meals 5 days this week.   |
|                             | has completed this week's healthy habit.                            |
| Print Child's Full Name     | ·   |
| Signed                      | (parent or guardian signature)                                      |
| Teacher Name                |   |

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## February

Submit completed and signed challenge sheets to the prize box near the front desk by the first Wednesday in March. Submit completed sheets weekly or all at once at the end of the month.

|                          | Cut or tear here  |
|--------------------------|---|
| Week 4                   | Cut of teal liefe                                       |
| Drink 2 glasses of water | er 5 days this week.                                    |
| 8                        |   |
|                          | has completed this week's healthy habit.                |
| Print Child's Full Name  |   |
|                          | (parent or guardian signature)                          |
| Teacher Name             | <del></del>   |
|                          | Cut or tear here  |
| Week 3                   |   |
|                          | this week. Eat at least 4 different colored fruits and  |
| vegetables this week.    |   |
| Print Child's Full Name  | has completed this week's healthy habit.                |
|                          | (parent or guardian signature)                          |
| Teacher Name             |   |
|                          |   |
|                          | Cut or tear here  |
| Week 2                   |   |
| Have vegetable soup a    | t 1 meal this week.                                     |
|                          | has completed this week's healthy hebit                 |
| Print Child's Full Name  | has completed this week's healthy habit.                |
|                          | (parent or guardian signature)                          |
| Teacher Name             |   |
|                          |   |
|                          | Cut or tear here  |
| Week 1                   |   |
|                          | upper 5 days this week. (Children with milk allergy may |
| substitute rice or soy n | nilk.)  |
|                          | Drink   |
| Print Child's Full Name  | has completed this week's healthy habit.                |
|                          | (parent or guardian signature)                          |
| Teacher Name             | (4  |
|                          |   |

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### March

Submit completed and signed challenge sheets to the prize box near the front desk by the first Wednesday in April. Submit completed sheets weekly or all at once at the end of the month.

| month.  | <u> </u>  |
|---|---|
| C   | ut or tear here   |
| Week 3  | at of tour fiere  |
| Eat a low sugar cereal two times the cereals have less 6 grams sugar pe | his week (at breakfast or for snack). Low sugar<br>r serving. (Examples: Crispix, Chex, Cheerios,<br>s, Corn Flakes, Barbara's Puffins, Oatmeal.) |
| has co  | ompleted this week's healthy habit.   |
| Print Child's Full Name   | ı   |
| Signed  | (parent or guardian signature)  |
| Teacher Name  |   |
| Week 2 Eat fish or seafood at least one time                            |   |
| has cor   | npleted this week's healthy habit.  |
| Print Child's Full Name   | (noment on expendion signature)   |
| Teacher Name  | (parent or guardian signature)  |
| C   | ut or tear here   |
|   | ut or tear here   |
| Week 1  |   |
|   | ays this week. (Examples: strawberries, apple,  |
| sweet red pepper, red potato, beet                                      |   |
| has co  | ompleted this week's healthy habit.   |
| Print Child's Full Name   | (monont   |
|   | (parent or guardian signature)  |
| Teacher Name  |   |

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## April

Submit completed and signed challenge sheets to the prize box near the front desk by the last Wednesday in April. Submit completed sheets weekly or all at once at the end of the month.

|                                       | -Cut or tear here                    |
|---------------------------------------|--------------------------------------|
| Week 4                                | Cut of teal nete                     |
| Play or exercise outdoors for 1 o     | or more hours 5 days this week       |
| has de tacterse outdoors for the      | completed this week's healthy hebit  |
| Print Child's Full Name               | completed this week's healthy habit. |
|                                       | (parent or guardian signature)       |
| Teacher Name_                         |                                      |
|                                       |                                      |
|                                       | Cut or tear here                     |
| Week 3                                |                                      |
| Have a fruit or vegetable at snac     | ck 2 days this week.                 |
| The culture of vegetable at share     | Six 2 days this work                 |
| has                                   | completed this week's healthy habit. |
| Print Child's Full Name               | completed this week's healthy habit. |
| Signed                                | (parent or guardian signature)       |
| Teacher Name                          |                                      |
|                                       |                                      |
|                                       | Cut or tear here                     |
| Week 2                                |                                      |
| Visit a park or a playground or       | go for a hike this week.             |
| 1 10                                  |                                      |
| has o                                 | completed this week's healthy habit. |
| Print Child's Full Name               | T                                    |
| Signed                                | (parent or guardian signature)       |
| Teacher Name                          |                                      |
|                                       |                                      |
|                                       | -Cut or tear here                    |
| Week 1                                |                                      |
| <b>Drink</b> water with your snacks 5 | days this week.                      |
| ·                                     | •                                    |
| has c                                 | completed this week's healthy habit. |
| Print Child's Full Name               | •                                    |
| Signed                                | (parent or guardian signature)       |
| Teacher Name                          |                                      |

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# May

Submit completed and signed challenge sheets to the prize box near the front desk by the last Wednesday in May. Submit completed sheets weekly or all at once at the end of the month.

| Cut on too                                  | on homo                                   |
|---|---|
| Week 4                                      | ar here                                   |
| Buy or make a smoothie this week. Use the   | nia magina an maka un wann awn            |
| · · ·                                       | 2 2 2                                     |
| Strawberry Banana Smoothie: 3/4 cup or      |   |
| cups frozen strawberries, 1 cup skim mill   | k, 3 TBSP sugar- Makes 4 generous         |
| servings.                                   |   |
|   | d this week's healthy habit.              |
| Print Child's Full Name                     |   |
|   | (parent or guardian signature)            |
| Teacher Name                                |   |
| Cut or tea                                  | ar here                                   |
| Week 3                                      | a note                                    |
|   | gatable this week (Evamples, peanut       |
| Eat a sandwich containing a fruit or a veg  |   |
| butter sandwich with bananas or grated a    |   |
| lettuce, cucumber, peppers or other vege    | •   |
| has complete                                | d this week's healthy habit.              |
| Print Child's Full Name                     |   |
|   | (parent or guardian signature)            |
| Teacher Name                                |   |
|   |   |
| Cut or tea                                  | ar here                                   |
| Week 2                                      |   |
| Limit TV and video game time to less tha    | n 1 hour per day for 5 days this week     |
| has completed                               |   |
| Print Child's Full Name                     | tills week s healthy habit.               |
| Signed_                                     | (narent or quardian signature)            |
| Teacher Name                                | <u> </u>                                  |
| reaction Natific                            |   |
|   | 1   |
|   | ar here                                   |
| Week 1                                      |   |
| Eat at least 1 whole grain food daily for 5 | days this week. (Examples: whole wheat    |
| pasta or macaroni, brown rice, whole wh     | eat bread, oatmeal, whole wheat tortilla. |
| Whole grain breakfast cereal).              | · · · · · · · · · · · · · · · · · · ·     |
| ,   | this week's healthy habit.                |
| Print Child's Full Name                     | tins week s hearing habit.                |
| Signed                                      | (parent or guardian signature)            |
| Teacher Name                                | (parent of guardian signature)            |
| Teacher Ivallie                             |   |

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